

FEEDBACK FROM PATIENTS IN THE PERIOPERATIVE PERIOD OF CARDIAC SURGERY ON THE GUIDANCE PROVIDED BY THE NURSING TEAM

CONSIDERAÇÕES DE PACIENTES NO PERIOPERATÓRIO DE CIRURGIA CARDÍACA REFERENTES ÀS ORIENTAÇÕES RECEBIDAS DO ENFERMEIRO

CONSIDERACIONES DE PACIENTES EN EL PERIOPERATORIO DE CIRUGÍA CARDIACA SOBRE LAS INSTRUCCIONES DADAS POR LOS ENFERMEROS

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ABSTRACT

This is a descriptive and qualitative study that aims to identify and analyze the feedback from patients in the perioperative period of cardiac surgery on the guidance provided by the nursing team and if such information contributes to minimize their stress. Eleven patients hospitalized in the cardiology clinic of a large hospital in the state of Rio Grande do Sul participated in the research. Data were collected from May to June 2013 through clinical and socio demographic forms, as well as semi-structured interviews. Once the participants' characteristics were ascertained, the project was approved by the ethics committee under protocol No. 247.142. The analysis of the results revealed two categories and six subcategories. The authors concluded that nurses contribute to minimize stress levels in patients during the perioperative period.

Keywords: Thoracic Surgery; Perioperative Care; Nursing Care; Nurse-Patient Relationship.

RESUMO

Estudo descritivo, qualitativo, com objetivo de identificar e analisar, sob a ótica de pacientes submetidos à cirurgia cardíaca, as orientações realizadas pelo enfermeiro no pré-operatório e se estas contribuem para minimizar o estresse e demais sentimentos vivenciados por eles no perioperatório. Avaliaram-se 11 indivíduos em pós-operatório de cirurgia cardíaca internados em clínica cardiológica de hospital porte IV do Rio Grande do Sul. Os dados foram coletados de maio a junho de 2013, por meio de formulário de dados clínico-sociodemográficos e entrevista semiestruturada. Observaram-se aspectos de pesquisa com pessoas, projeto aprovado por comitê de ética, parecer nº 247.142. Da análise dos resultados, conforme preceitos da análise de conteúdo, emergiram duas categorias analíticas e seis subcategorias, que versam sobre orientações do enfermeiro no pré-operatório e relevância destas na percepção dos pesquisados. Concluiu-se que o enfermeiro contribui para a minimização do estresse e demais sentimentos vivenciados pelos pacientes no perioperatório.

Palavras-chave: Cirurgia Torácica; Assistência Perioperatória; Cuidados de Enfermagem; Relações Enfermeiro-Paciente.

RESUMEN

Estudio cualitativo descriptivo realizado con el objeto de identificar y analizar, desde la perspectiva de los pacientes de cirugía cardíaca, las instrucciones dadas por los enfermeros en el preoperatorio y si éstas contribuyen a minimizar el estrés y otros sentimientos en el período perioperatorio. Fueron evaluados 11 pacientes en el postoperatorio de cirugía cardíaca internados en la clínica cardiológica de un hospital clasificado como de tamaño IV del Estado de Rio Grande do Sul. Los datos fueron recogidos entre mayo y junio de 2013 en un formulario de datos clínicos - sociodemográficos y en una entrevista semiestructurada. Se respetaron las normas de investigación con personas y el proyecto fue aprobado por el comité de ética bajo el N° 247.142. Los resultados del análisis de contenido permitieron identificar dos categorías analíticas y seis subcategorías, que se refieren a las instrucciones de los enfermeros en el preoperatorio y a su importancia para los pacientes entrevistados. Llegamos a la conclusión que los enfermeros contribuyen a minimizar el estrés, entre otros sentimientos, de los pacientes en el periodo perioperatorio.

Palabras clave: Cirugía Torácica; Atención Perioperativa; Atención de Enfermería; Relaciones Enfermero-Paciente.

INTRODUCTION

Cardiovascular diseases are the leading cause of morbidity, disability and death in developed and in developing countries, being responsible for expressive rates of morbidity and mortality.² In Brazil, CVDs account for about 20% of all deaths in people over 30 years of age and are responsible for the high rates of hospitalization and hospital expenditure.¹

The Brazilian Southeast and South regions have the highest rates of mortality from circulatory diseases.³ From 1990 to 2006, the state of Rio Grande do Sul presented the highest rates of mortality from heart conditions. In 2010, the mortality rate remained high in the South (62.0%): it was responsible for 73.0% of the deaths in Rio Grande do Sul, 56.9% in Paraná and 51.5% in Santa Catarina.

Clinical or surgical medical interventions should consider both benefits and risks to these patients.⁴ Cardiac surgery should be performed when it contributes to the improvement of the patient's quality of life.¹

Surgical treatment means to patients an abrupt and imposed new reality, which disrupts their emotional balance.⁵ In this context, patients require specific perioperative nursing care, identified by the nursing team after detailed assessment of each individual.⁶

Regarding the perioperative period, it encompasses from the diagnosis and the decision to operate, to recovery and rehabilitation.⁷ Thus, at the time of hospitalization, the nursing staff is expected to provide those patients with integrated and individualized care.

People undergoing cardiac surgery may feel fear, anxiety, worry, insecurity, stress, among others. The nursing team should identify such feelings and provide support, information about the procedure and make sure they have a comfortable perioperative period. The patient's well-being should be the main goal because the high levels of stress may have a negative impact on their emotional state, contributing to feelings of vulnerability and dependence.⁸

From this perspective, the nurse's role is essential in a health team; they are responsible for assessing the patient's condition before surgery and for identifying physical and psychological needs. Such data allows them to manage short-term actions in order to ensure the patient's comfort and a satisfactory outcome.

Given the above, this study aims at identifying and analysing patients' perspective on cardiac surgery and on perioperative nursing advice and whether the latter contributes to minimize perioperative stress.

METHODOLOGY

This is a qualitative descriptive research carried out at a cardiology clinic of a large hospital in the NWt of the state of Rio Grande do Sul.

Eleven patients met the inclusion criteria and participated in the survey: patients in immediate post-operative; discharged from coronary intensive care; hospitalized at the Cardiology Unit; and with no neurological diseases or health conditions that could interfere with their autopsychic and alopsychic orientation.

Patients were selected from May to June 2013. They were later approached by their hospital beds where they were informed about the research, its objectives and invited to participate in it; the term of informed consent was then signed. Data was collected through forms requesting clinical and demographic data, such as: age, sex, marital status, number of children, who they lived with, type of surgery, comorbidities, previous surgeries and hospitalizations. Researchers also used semi-structured interviews asking the following questions: "What nursing advice were you given before surgery?"; "How important was such advice for you both before and after surgery and in which way?"

Termination of data collection was defined by the method of exhaustion or saturation data, i.e. when information began to be repeated and new facts related to the research subject were not forthcoming this stage was closed.

The narratives were recorded on audio tape, fully transcribed and analysed according to content analysis, centred around three chronological parameters: pre-analysis, material exploration, treatment and interpretation of results.⁹ The participants' right to anonymity was ensured by their being identified by the letter I (Interviewee) followed by a numerical digit.

Following the guidelines of Resolution 196/96 of the National Health Council, the project was introduced to the Ethics Committee of the Regional University of the NW of Rio Grande do Sul (UNIJUI) and approved on 16 April 2013 (protocol No. 247.142; CAAE: 14347113.3.0000.5350).

RESULTS AND DISCUSSION

Being the present study a qualitative research, a brief characterization of the 11 participants is relevant. Regarding gender, two were female and nine male; age ranged between 32 and 76 years; eight were married, one was a widower and two were unmarried; a single subject did not have children, amongst the others the number of children varied from one to eight children; one participant lived in Ijuí and the others in neighbouring municipalities; two lived on their own, the others with their respective partners and children.

Regarding reported comorbidities, seven patients were hypertensive; two had diabetes *mellitus* and three were smokers. Concerning the type of surgery, seven had undergone myocardial revascularization, two CABG and aortic valve replacement, one aortic valve replacement, and one atrial septal defect closure.

An accurate reading of the reports enabled researchers to identify common and recurrent meanings, as well as distinctive

and significant discourses, which resulted in two analytical categories and six subcategories:

- **category 1** – nursing advice to patients on the perioperative period of cardiac surgery. Subcategories: 1.1 - hygiene and infection control; 1.2 - advice on the intraoperative and immediate postoperative periods; 1.3 - immediate postoperative care and preparation for discharge.
- **category 2** – feedback from patients on the importance of nursing advice. Subcategories: 2.1 - nursing staff care of patient and family; 2.2 - increase of patients' knowledge about the perioperative period; 2.3 – reduction of anxiety levels during the perioperative period of cardiac surgery.

CATEGORY 1 – NURSING ADVICE TO PATIENTS ON THE PERIOPERATIVE PERIOD OF CARDIAC SURGERY.

The perioperative period is an important phase in the care of the surgical patient. At this moment the patients' vulnerability is evidenced through specific physiological and emotional needs that make them prone to a certain emotional imbalance.¹⁰ In this context, nurses' actions to address patient care are extremely important. The actions involve information about the surgical procedure itself, anaesthesia, physical and postoperative care, including special diet and advice on good lifestyle habits in general. Perioperative nursing care should help patients understand the surgery for them to be physically and psychologically prepared for it.

Nurses should be also able to identify the patients' feelings by means of non-verbal language in order to facilitate interaction with patients and their families.

During the patients' perioperative period, nurses should be able to identify their feelings and help them to develop coping strategies, as well as proactive actions to the detriment of non organized behavioural characteristics.⁵

SUBCATEGORY 1.1 – HYGIENE AND INFECTION CONTROL

The perioperative period comprises a set of actions aimed at identifying possible changes in the patient in order to reduce surgical risks. The adequate preparation of patients, according to the type of surgery, and their ability to assimilate the given information are the nursing staff responsibility. The perioperative assessment is the first step and aims at educating patient and family and explaining to them routines and procedures to be performed.¹⁰

Nursing guidelines related to routines and procedures preceding surgery include personal hygiene, intestinal cleansing and clothing. This information is considered essential because it aims at reducing the risk of infection at the surgical site. Such

care is provided by nurses before surgery, as can be seen in the following narrative sections.

[...] An enema made my bowels start working again, she told me to take a bath with the soap she had given me ... and the next day... between six and seven I had to take another bath... with the same antiseptic soap [...] (15).

[...] The nurse told me I was going to have a bowel cleansing, then I had to take a shower with the antibacterial soap... the next day before they came to fetch me I had to take another shower... also that I should go as I came into this world [...] (11).

In order to carry out education activities before surgery, nurses need to know the patients' ability to assimilate the procedures, hence the need to use appropriate vocabulary. Narratives I8, I10 and I7 demonstrate their level of knowledge about infection prevention.

[...] She passed on to me the bath business, she even gave me a bottle of soap... very good by the way, I washed myself, I and the missus, we shaved; I came with no body hair, because of the protection stuff [...] (18).

[...] Because of the bacteria we have in the body, the germs on the body, this soap would kill them all [...] (110).

[...] take a good scrub in the shower with the soap; half a bottle of soap in the first bath, hair and all... and the following day, chest and back well-scrubbed... to clean... because of the risk of infection [...] (17).

In this context, perioperative care should be personalized, based on scientific evidence and determined by the patients' condition, type of surgery, the institution's procedures, and the time available between hospitalization and surgery, as well as specific last moment needs.⁸

Based on the analysis of the subjects' reports and on the authors' methodology, it can be said that nursing actions addressed to perioperative patients include skin care, shaving, bathing and enema. Such actions are important as they contribute to a proper preparation of the patient and minimize the risk of infection inherent to an invasive and major surgical procedure.

SUBCATEGORY 1.2 - ADVICE ON THE INTRAOPERATIVE AND IMMEDIATE POSTOPERATIVE PERIODS

Cardiac surgery is a complex procedure. Patients who need this type of intervention feel anxious and distressed. Such feel-

ings are the result of their lack of knowledge regarding the disease, the surgical procedure and the recovery process.¹¹ In the perioperative period, patients' stress level is related to misinformation about surgical procedures and postoperative care.⁸

Ignorance about surgery procedures can trigger in the patient feelings of discomfort and anxiety that can develop into physical and emotional stress.¹⁰ Advice about the procedures to be performed during surgery is important to the patient. I5 and I6 report the information provided by the nurses regarding CPB, chest incision and removal of the saphenous vein.

[...] the nurse said that the body would be cooled to 30-33 degrees... the chest would be opened and they would make an incision in the leg to be able to take the saphenous vein to do the bypass [...] (I5).

[...] She told me that the doctor was going to open my chest, everything was going to be easy, it would be very successful...she told me all... about the bypass [...] (I6).

It is important to prepare the patients, explaining to them what is going to happen in the immediate postoperative, that is, after waking up from anaesthesia, and what they are supposed to do to a full recovery. The account of I11 demonstrated to what extent such advice contributed to cope with the situation.

[...] the nurse explained what they would do, that I would sleep, that the surgery would last about three hours and a half or four hours, they would take me to the ICU, and I would wake up there, that I should not get scared because of the equipment, that I should always try to stay calm, and that's what I did [...] (I11).

Care should be an act of interaction between patient and health professionals. Care actions should be addressed to the patients and consist of conversation, encouragement, exchanges to ensure the patients' well-being. Currently, health professionals have been concerned about the influence of the emotional state in the postoperative recovery and the clinical variations that occur during this period.¹²

SUBCATEGORY 1.3 – IMMEDIATE POSTOPERATIVE CARE AND PREPARATION FOR DISCHARGE

Health education activities promoted by the nurse addressed to postoperative cardiac patients go beyond immediate care, i.e. changes in the patients' lifestyle have a positive impact on their perceptions regarding quality of life. Therefore, informing the patients about immediate postoperative care is the nursing team's duty: patients should be guided on changes in their lifestyle (diet, daily activities and physical restrictions), as exemplified below.

[...] She said it was a delicate procedure, 50% depending on the medical staff and hospital treatment, and the other 50% depending on me... after surgery... I shouldn't overdo, eat the right foodstuff... and take care of myself [...] (I5).

In order to prevent possible complications patients should be properly informed about the importance of following the correct treatment and the adherence to it, combined with appropriate actions at each stage of the health-disease process; doubts should be clarified and self-care actions encouraged.¹³

Nurses are one of the health professionals in charge of these patients' care. Nurses are therefore able to identify and assess their patients' perceptions and feelings regarding the disease and their health status. The health professional develops then a care plan addressed specifically to the needs of each patient, as well as tries to include their family in the caring process and post-discharge rehabilitation. In this context, it is also the nursing team's responsibility to explain to patients and families about wound site care, which includes restriction of movements, mainly the arms, in order to prevent the risks inherent to that surgical procedure. Such guidelines were carried out by the nurses as can be seen through the discourse of I7 and I9.

[...] She said I had to be careful when getting up, I could not lift my arms, couldn't make many movements with my arms, I have to be careful not to open the wound... she said I can't eat fried food, fat [...] (I7).

[...] I could not lift my arms, can't strain myself; if I needed to do something I had to stay with my arms crossed on my chest, otherwise the wound could open [...] (I9).

It is important to point out that post-discharge home care can bring discomfort, distress and be a challenge to those involved in the process.^{14,15} The objective of home care is recovery and the prevention of risks and injuries for the promotion of such recovery.¹⁶

In order to reach a satisfactory care level, nurses should respect the actions and habits of each individual as part of their cultural background. Consequently, those health professionals will be able to develop individualized planning that considers patient and family as participants in the care process. Such actions provide support for the caring process aimed at the recovery of health and the prevention of complications.

CATEGORY 2 – FEEDBACK FROM PATIENTS ON THE IMPORTANCE OF NURSING ADVICE

Perioperative cardiac patients require care, attention and information in order to reach an optimal sense of security

and serenity for best coping with the surgery.¹² In this sense, the perioperative nursing assessment is important because it helps patients to get accustomed to the environment and provides information in order to ease the tension brought about by the surgery.

Cardiac surgeries change several physiological systems due to the patients' contact with potentially harmful drugs and equipment that can cause physical and emotional stress.¹³

The identification of the patients' needs during a nursing perioperative assessment helps to relieve the fear, nervousness, and anxiety that characterize the process. Becoming aware of them, professionals can ease the patients' worries by listening and asking questions, so as to ensure a less stressful and adequately coped with surgical experience.

SUBCATEGORY 2.1 – NURSING CARE TO PATIENT AND FAMILY

The nursing team is closer to the patient during the perioperative period, therefore, they are able to recognize changes and act accordingly. The promotion of a trusting relationship between the patient and the nursing staff contributes to the establishment and continuation of the link with patients and their families. In the hospital environment attention is focussed on the patient, however, the nurse cannot remain indifferent to the family as part of the care process.¹⁶

The strengthening of the relationship between patient, family and health professionals is essential to a positive outcome. These players have conquered space and voice in the therapeutic process that should respect different values, expectations, goals and demands.¹²

The discourses of I5 and I11 demonstrated that patients appreciate the nursing care provided to their families. They acknowledge that it is stressful to be on the other side of the door and that they require attention from the staff.

[...] It is important for those accompanying you to know what is going on, what the doctor is doing... how long it will take... to calm them down... because those outside the room suffer much more... we suffer because of the pain and they suffer because of the stress, because they do not know what is going on in there... because it is a major surgery [...] (I5).

[...] He [a family member] already knew what was happening there and that he had to wait outside until they came to say something; the doctor said "I will talk to the family once the surgery is ended... that it worked, that everything was all right" [...] (I11).

The hospital is usually characterized as something strange and hostile to patients and families as they both experience the hospitalization process. Nursing actions aimed at enabling communication and interaction act as a buffer against situations that may trigger physical and emotional stress to both.¹⁶

Hospitalization joins together those involved in the disease process. Most families participate actively in such process and often give their opinion about the treatment. Patients and families have the right to receive clear and detailed advice; the family should work alongside the hospital staff, guiding and supporting the hospitalized person.

SUBCATEGORY 2.2 – INCREASE OF PATIENTS' KNOWLEDGE ON THE PERIOPERATIVE PERIOD

Patients who will be submitted to a cardiac surgery live a unique experience, most of the time full of doubts, fear and insecurity. Each individual reacts to this type of situation in a unique way. Patients who know about the disease and surgical procedures and routines behave more rationally and cooperate with the treatment.¹⁷

The nursing teams in charge of for such patients should identify their needs, what and how much they want to know, their perceptions, expectations, insecurities, fears and, therefore, build a care plan to meet such needs. Nurses should take into account the patients' ability to assimilate the information they are given and also use accessible vocabulary.

Narratives by I5, I7 and I8 emphasize the fact that nurses gave the patients some knowledge about the surgical procedure and that this contributed to better cope with the situation.

[...] They were very good, very important to us who know nothing about it; we hear about it, but we have to be told properly by the professional [...] (I5).

[...] I think it is great! If there were no one to inform us I was going to undergo surgery in the dark. Think about it: undergoing surgery without knowing what to do? There's no way [...] (I8).

[...] it helped me a lot... I didn't know the first thing about it... I didn't understand the surgery... I knew I had to have surgery... but didn't know what the procedure would be like, anything... but the nurse explained it to me [...] (I7).

Information is currently considered as a necessity to patients because it enables the construction of positive attitudes to cope with the disease. This happens because the more patients know and understand about their health condition and the experiences they will go through, the less their anxiety and, consequently, the better their recovery.

SUBCATEGORY 2.3 – REDUCTION OF ANXIETY LEVELS IN THE PERIOPERATIVE PERIOD OF CARDIAC SURGERY

Major interventions, such as heart surgery, are considered by patients as synonymous with danger and threat. Many display nervousness, uneasiness, fear and alienation.¹⁸ The nurses' role is to reduce such feelings during perioperative assessments. I11 and I5 acknowledge the importance of nurses' guidance to patients before heart surgery.

[...] Yes, it sure helps, because we didn't know what was going to happen. They said anything could happen and that we should keep calm and everything would work out fine, so we went down this road; the calmer, the better [...] (I11).

[...] they helped a lot because I was cool; I didn't feel nervous before surgery [...] (I5).

Nurses' advice, in addition to reducing and neutralizing feelings resulting from the surgical procedure, prepared the patients physically and emotionally for all perioperative procedures. This can be observed in the discourses of I4 and I6.

[...] I washed my body... and my spirit as well... I think it was good... it helped me... it made me more relaxed... because we get vulnerable... scared... even though we know we're in the hands of good doctors... surgeries, all of them are a risk... and we have to be prepared... and I was [...] (I4).

[...] I'd give good marks; I think it was very important to me... it helped because I got prepared, I was prepared, I knew everything that was going to happen [...] (I6).

Patients considered the nursing assessment important because it involved them in the process; it improved communication and trust between nurse and patient, as well as it furthered acceptance and coping skills.

Communication with patients and their families and information about them favour the creation and preservation of the link between the different players and thereby reduce anxiety. To give guidance is part of all the health professionals' responsibilities towards perioperative patients. However, such task is usually performed by the nursing team.

FINAL CONSIDERATIONS

Carrying out this research allowed the authors to interact with the respondents in order to know them in the immediate postoperative of a cardiac surgery. It was possible to identify nursing guidance given before surgery and to which extent

it was important to minimize the negative feelings that could contribute to the onset of stress and its consequences.

From the patients' accounts and the theoretical approach chosen by the authors, it can be said that the former received adequate guidance regarding physical care, technical procedures, emotional support and theoretical background.

The results are important and may contribute both to reflections and discussions on the topic between professionals, students, researchers and managers. They may also encourage further studies on the theme, even those using a quantitative approach. More researches could also be carried out with children and/or elderly patients undergoing other types of surgery, with larger samples in order to enable inferences.

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